

Scopes of Practice for RN and Medical Assistants re: application of Flouride Varnish

(From the California Nurse Practice Act – Registered Nurse)

2725. Legislative intent; Practice of nursing defined ([return to table of contents](#)) (a) In amending this section at the 1973–74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973–74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians’ offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) “Standardized procedures,” as used in this section, means either of the following:

(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system

which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing. (d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

Regarding Medical Assistants (taken from the Medical Board of California website)

Prior to performing technical supportive services, a medical assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist or instructor to assure the medical assistant's competence in performing that service at the appropriate standard of care. Such training shall be administered in either of the following settings: 1) Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant, or 2) in a secondary, post secondary, or adult education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a post secondary institution accredited or approved by the Bureau for Private Postsecondary and Vocational Education in the Department of Consumer Affairs.

To administer medications by intramuscular, subcutaneous and intradermal injections, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall complete the minimum training prescribed in the regulations. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in 16 CCR Section 1366.3 (a)(2), proficiency in the procedures to be performed as authorized by section 2069 or 2070 of the code, where applicable, but shall include no less than:

- a. 10 clock hours of training in administering injections and performing skin tests, and/or
- b. 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
- c. Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipuncture and 10 skin punctures.
- d. For those only administering medicine by inhalation, 10 clock hours of training in administering medical by inhalation.
- e. Training in (a) through (d) above, shall include instruction and demonstration in:
 - pertinent anatomy and physiology appropriate to the procedures;
 - choice of equipment;
 - proper technique including sterile technique;
 - hazards and complications;
 - patient care following treatment or tests;
 - emergency procedures; and

- California law and regulations for medical assistants

In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code.

Are medical assistants required to be licensed or certified by the State of California to perform procedures within their "scope of practice"?

No. Medical assistants are not licensed, certified, or registered by the State of California.

However, the medical assistant's employer and/or supervising physician's or podiatrist's malpractice insurance carrier may require that the medical assistant be certified by a national or private association. A medical assistant must be certified by one of the approved certifying organizations in order to train other medical assistants. (Title 16 CCR 1366.3)

How may medical assistants legally "administer medications"?

The phrase intends to mean the direct application of medication in several ways including simple injections, ingestion and inhalation or pre-measured medications. For our purposes, the phrase "administer medications" when used regarding medical assistants, means to inject, handle, or provide medications to a patient after verification by a physician, podiatrist or another appropriate licensed person.